

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

08/945805

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	23 minus 20 = * 3	
INDEPENDENT CLAIMS	24 minus 3 = * 7	
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY
TYPE

RATE	FEES
	395.00
x\$11=	
x41=	
+135=	
TOTAL <input type="checkbox"/>	

OTHER THAN
SMALL ENTITY

RATE	FEES
930	790.00
x\$22=	66
x82=	82
+270=	270
TOTAL <input type="checkbox"/>	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 6	Minus	** 23	= <input type="checkbox"/>
Independent	* 1	Minus	*** 4	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	<input type="checkbox"/>
x41=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE <input type="checkbox"/>	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$22=	<input type="checkbox"/>
x82=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE <input type="checkbox"/>	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	= <input type="checkbox"/>
Independent	*	Minus	***	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	<input type="checkbox"/>
x41=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE <input type="checkbox"/>	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	= <input type="checkbox"/>
Independent	*	Minus	***	= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	<input type="checkbox"/>
x41=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE <input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
x\$22=	<input type="checkbox"/>
x82=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE <input type="checkbox"/>	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <i>06/945805</i>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input checked="" type="checkbox"/> Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other	<i>Dep Ch.</i>	1	<i>12/10/97 \$ 66</i>
		7 TOTAL AMOUNT OF REFUND	\$ <i>66</i>
8 TO BE REFUNDED BY:			
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <i>, 15--0030</i>	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <i>V. Wallace</i>			
TYPED/PRINTED NAME: <i>Vonda Wallace</i>		TITLE: <i>POL</i>	
SIGNATURE: <i>Vonda Wallace</i>		PHONE: <i>305 3736</i>	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B